## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with \_pplicable fee(s), to: Mail Mail Stop ISSUE 1\_E Commissioner for Patents P.O. Box 1450
Alexandria, Virginia 22313-1450

					1)-273-2885				
INSTRUCTIONS: This for appropriate. All further co- indicated unless corrected maintenance fee notification	orm should be used for prespondence including below or directed others.	or transmitting the ISSI ig the Patent, advance of terwise in Block 1, by (	UE FEE and PUBLIC rders and notification a) specifying a new c	of morres	ON FEE (if requalitements of the contract of t	ired). B vill be i and/or	locks I through 5 sl mailed to the current (b) indicating a sepa	hould be completed where correspondence address as trate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
MILLEN, WHITE, ZELANO & BRANIGAN, P.C. 2200 CLARENDON BLVD. SUITE 1400 ARLINGTON, VA 22201					Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
AKLINGTON, VI	4. 22201						(Depositor's name)		
•	e e	(Signature)							
	(Dai					(Date)			
APPLICATION NO. FILING DATE			FIRST NAMED INVEN		ITOR ATTORNEY DOCKET NO.			CONFIRMATION NO.	
10/551,559	Werner Mederski MERCK-3069 38				3814				
TITLE OF INVENTION: PYRAZOLIDINE-1,2-DICARBOXYLDIPHENYLAMIDE DERIVATIVES AS COAGULATION FACTOR XA INHIBITORS FOR THE TREATMENT OF THROMBOSES									
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	UE	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1510	\$300		\$0		\$1810	06/22/2009	
EXAMINER		ART UNIT	CLASS-SUBCLASS						
SAEED, KAMAL A 1626			514-235500	the patent front page, list Millen, White, Zelano, Branique,					
<ul> <li>I. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ul>			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Merck Patent GMBH  Darmstadt, Germany									
Please check the appropriate assignee category or categories (will not be printed on the patent):									
4a. The following fee(s) are  Issue Fee  Publication Fee (No:  Advance Order - # o	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed. \$1,810,00.  Payment by credit card. Form PTO-2038 is attached. (EFS)  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 13-3402 (enclose an extra copy of this form).								
5. Change in Entity Status (from status indicated above)  \[ \begin{align*} \text{ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.} \end{align*} \]  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).									
NOTE: The Issue Fee and Finterest as shown by the rec	ublication Fee (if requ	ired) will not be accented	d from posicing other th	an the	er claiming SMA1 e applicant; a regi:	stered a	try status. See 37 CF	R 1.27(g)(2). e assignee or other party in	
Authorized Signature			<sub>Date</sub> May	28	, 2009				
Typed or printed name _	Registration No. 32,542								
This collection of informati an application. Confidential submitting the completed a this form and/or suggestion Box 1450, Alexandria, Virg Alexandria, Virginia 22313- Under the Paperwork Reduction	on is required by 37 Clify is governed by 35 pplication form to the s for reducing this burginia 22313-1450. DO 1450.	FR 1.311. The informatic U.S.C. 122 and 37 CFR USPTO. Time will vary den, should be sent to the NOT SEND FEES OR Corsons are required to res	on is required to obtain  1.14. This collection is depending upon the ic chief Information O COMPLETED FORM  spond to a collection of	or restired or res	tain a benefit by the mated to take 12 n dual case. Any co , U.S. Patent and THIS ADDRESS	ne publi ninutes mments Fradema . SEND	c which is to file (and to complete, including on the amount of tim ark Office, U.S. Depa TO: Commissioner fo	by the USPTO to process) of gathering, preparing, and the you require to complete rument of Commerce, P.O. or Patents, P.O. Box 1450, number.	

PTOL-85 (Rev. 08/07) Approved for use through 08/31/2010.